

02/12/02

JC698 U.S. PTO

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Please type a plus sign (+) inside this box ☐Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i>	Attorney Docket No.	GI-35
	First Inventor or Application Identifier	Lefebvre, Paul M.
	Title	SAMPLE INJECTION SYSTEM
	Express Mail Label No.	ET589541723US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g. PTO/SB/17) <i>(Submit an original and a duplicate, for fee processing)</i>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 11] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C 113) [Total sheets 2]	ACCOMPANYING APPLICATION PARTS
4. Oath or Declaration [Total Pages 13] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> • Small Entity <input type="checkbox"/> Statement filed in prior application 13. <input type="checkbox"/> Statement(s) (PTO/SB/08-12) <input type="checkbox"/> Status still proper and desired 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(If foreign priority is claimed)</i> 15. <input checked="" type="checkbox"/> Other: ADS

*NOTE FOR FIRST & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application Information - Examiner _____ Group I&T Unit, _____

For CONTINUATION or DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label **08668** or ☐ Correspondence address below
(Insert Customer No. or Attach bar code label here):

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Signature	<i>Philip M. Kolehmainen</i>	Date	11 Feb 02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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20/21/02

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**FEE TRANSMITTAL
for FY 2002**Patent fees are subject to *annual revision*.

TOTAL AMOUNT OF PAYMENT

\$780.00

Complete if Known

Application Number

Filing Date

First Named Inventor

Examiner Name

Group Art Unit

Attorney Docket No.

Herewith
Lefebvre, Paul M.

GI-35

FEE CALCULATION (continued)1 ☒ The Commissioner is hereby authorized to charge indicated and credit any overpayments to:Deposit
Account
Number

50-1967

Deposit
Account
Name

Philip M. Kolehmainen

☐ Charge Any Additional Fee Required
under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status
See 37 CFR 1.27☒ Payment Enclosed:☒ Check ☐ Credit card ☐ Money
Order ☐ Other**FEE CALCULATION****BASIC FILING FEE**Large Entity Small Entity
Fee Fee Fee Fee
Code (\$) Code (\$)

Fee Description

Fee Paid

101 740 201 370 Utility filing fee

106 320 206 160 Design filing fee

107 490 207 245 Plant filing fee

108 710 208 355 Reissue filing fee

114 150 214 75 Provisional filing fee

SUBTOTAL (1) 740

EXTRA CLAIM FEES

Total Claims	18	-20** =	0	X	Fee from below	Fee Paid
Independent Claims	3	-3** =	0	X		
Multiple Dependent						

Large Entity Small Entity
Fee Fee Fee Fee
Code (\$) Code (\$)

Fee Description

103 18 203 9 Claims in excess of 20

102 80 202 40 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 80 209 40 ** Reissue independent claims
original patent110 18 210 9 ** Reissue claims in excess of 20
and over original patent

SUBTOTAL (2)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEESLarge Small
Entity EntityFee Fee Fee Fee
Code (\$) Code (\$)

Fee Description

Fee Paid

105 130 205 65

127 50 227 25

139 130 139 130

147 2,520 147 2,520

112 920* 112 920*

113 1,840* 113 1,840*

115 110 215 55

116 390 216 95

117 890 217 445

118 1,390 218 695

128 1,890 228 945

119 310 219 155

120 310 220 155

121 270 221 135

138 1,510 38 1,510

140 110 240 55

141 1,240 241 620

142 1,240 242 620

143 440 243 220

144 600 244 300

122 130 122 130

123 50 123 50

126 180 126 180

581 40 581 40

146 710 246 355

149 710 249 355

179 710 279 355

169 900 169 900

Other fee (specify)

Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$40.00

SUBTOTAL (3)

\$40.00

SUBMITTED BY

Complete if applicable)

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12 Feb 02